

Delta Region Community Health Systems Development: Technical Assistance Program Notice of Intent to Apply

The Delta Regional Authority (DRA) works to improve regional economic opportunity by supporting job creation, building communities, and improving the lives of the 10 million people who reside in the 252 counties and parishes of the eight-state Delta region. In collaboration with the Health Resources & Services Administration of the U.S. Department of Health and Human Services (HHS), DRA is soliciting applications to participate in the Delta Region Community Health Systems Development – Technical Assistance Program. Eligible applicants must be located in the eight-state DRA Region (Alabama, Arkansas, Illinois, Kentucky, Louisiana,

The purpose of this program is to enhance health care delivery in the Delta Region through technical assistance to eligible applicants, including critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations. Technical assistance will be delivered by provider(s) selected through HRSA's Delta Region Community Health Systems Development Cooperative Agreement.

Notices of Intent to Apply for the Delta Region Community Health Systems Development – Technical Assistance Program are accepted on a continuous basis. E-mail your application to bhenson@dra.gov. Subject line: Notice of Intent to Apply for Technical Assistance. You must use this document to submit your Application for Technical Assistance for the Delta Region Community Health Systems Development – Technical Assistance Program.

Eligibility: Eligible applicants include critical access hospitals, small rural hospitals, rural health clinics, and other healthcare organizations located in the 252 counties and parishes of the DRA Region.

Note: The Delta Region Community Health Systems Development – Technical Assistance Program is **not** a federal funding opportunity.

For more information, visit <u>www.dra.gov/deltahealth</u> or contact Brian Henson at 662.624.8600 or <u>bhenson@dra.gov</u>.

Missouri, Mississippi, and Tennessee).

pplicant is (please select o	one):		
Critical Access Hospit	al		
Small Rural Hospital			
Rural Health Clinic			
Other Healthcare Orga	nization (please specif	ỳ):	
Legal Name of Applicant	Organization		
Name:			
Address:			
City:		State:	Zip Code:
Name of Contact Person:			
Title:			
Phone:	E-mail:		

Please select all that apply.

Improving hospital or clinic financial operations

Implementing quality improvement activities to promote the development of an evidencebased culture leading to improved health outcomes

Increasing use of telehealth to address gaps in clinical service delivery and improve access to care

Enhancing coordination of care

Strengthening the local health care system to improve population health

Providing social services to address broader socio-economic challenges faced by patients (e.g., housing, childcare, energy assistance, access to healthy food, elderly support services, job training, etc.)

Ensuring access to and availability of emergency medical services (EMS)
Identifying workforce recruitment and retention resources targeted to rural communities
Other (please specify):
Describe the geographic area(s), counties/parishes, cities, or other locations impacted by your healthcare organization.
Is the geographic area deemed a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services?
Yes
No
Provide a brief narrative describing the focus area(s) selected and the technical assistance
1 To vide a wrich harranive describing the focus area(s) selected and the technical assistance

needed for you healthcare organization:

orogra	am:			
7	Yes			
. 1	No (please explain): _			

Will the applicant's governing body and/or principal sign a letter of commitment to work closely with HRSA's technical assistance provider(s) to achieve the objectives of the